

Name
in
Full

Edith B. Albanese

CERTIFICATE OF DEATH

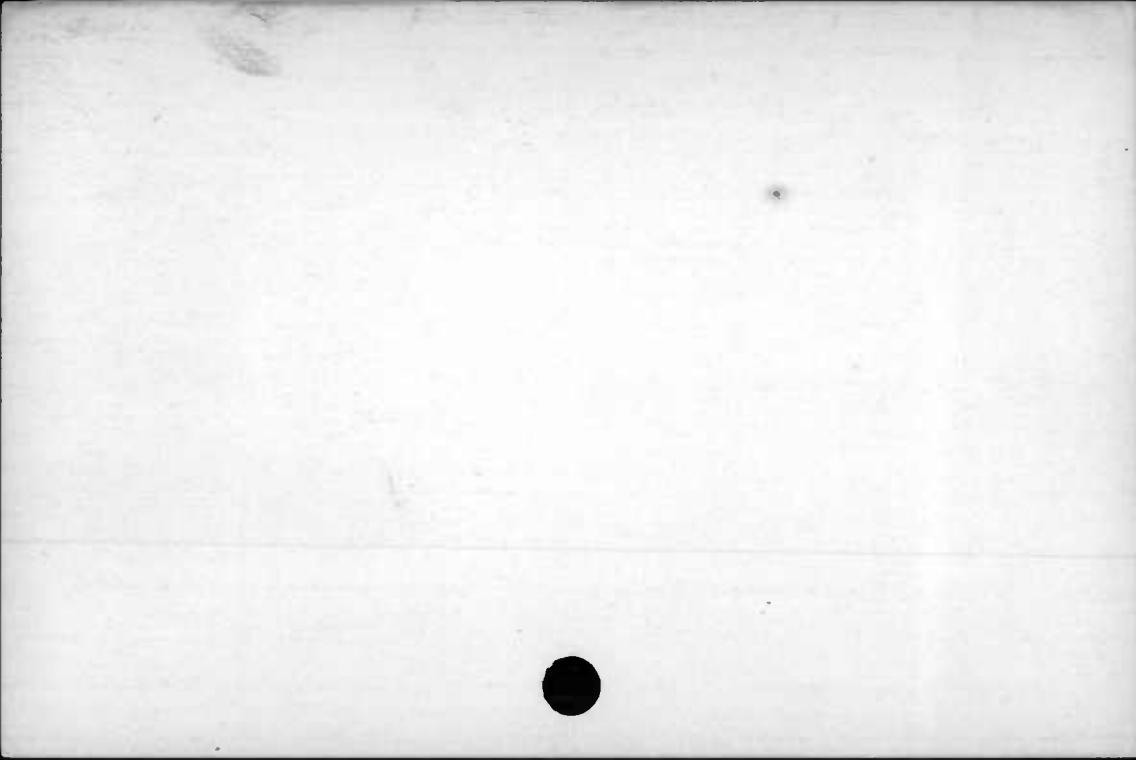
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Elcton</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>May</i>	Day <i>15</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>near Elcton</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>S</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Bresenzo Albanese</i>		Father's Birthplace <i>Italy</i>			
Mother's Maiden Name <i>Anna Guardello</i>		Mother's Birthplace <i>Italy</i>			
Name of person giving information <i>Anna Guardello</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Gastro-Enteric Infection</i>	How long <i>—</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm D. Cawley</i>
	Address <i>Elcton Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Edward A. Alexandre

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Chesapeake City

County

Becil

Date

of death 1905

Month

5

Day

12

Years

Age 33

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Ches. City

Occupation

Lock Tender

Where Residing if not
at place of death

Ches. City

Married, Single
or Widowed

single

Name of Wife or
HusbandFather's
Name

Geo W. Alexandre

Father's
Birthplace

Maryland

Mother's
Maiden Name

Margaret A Haines

Mother's
BirthplaceName of person giving
In formation

Mary R. Bumgard

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Hemiparesis, Presumably Alcoholism, Hemiparesis

How long

Immediate

Convulsion

How long

X

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. C. Harner M.D.

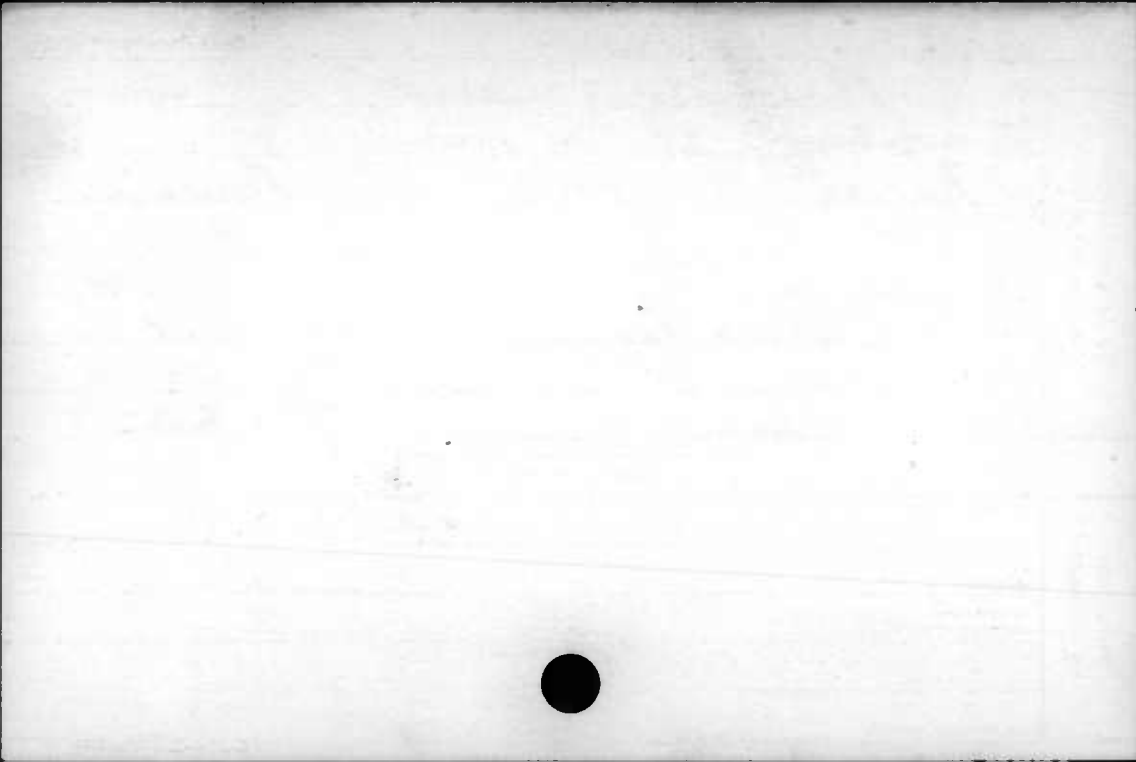
Address

Chesapeake City, Md.

Accident or Suicide?

Question?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mary Bernard* Town *Perryville* County *Cecil*

Died at *Perryville*

Date of death *1905* Month *May* Day *29* Age *—* Years Months *9* Days

Sex *Female* Color or Race *White* Birth-place *Perryville*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Edward Bernard*Father's
Birthplace*Cecil Co*Mother's
Maiden Name*Rebecca Winchester*Mother's
Birthplace*" "*Name of person giving
In formation*Edward Bernard*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Tubercular Meningitis

How long

Two days

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

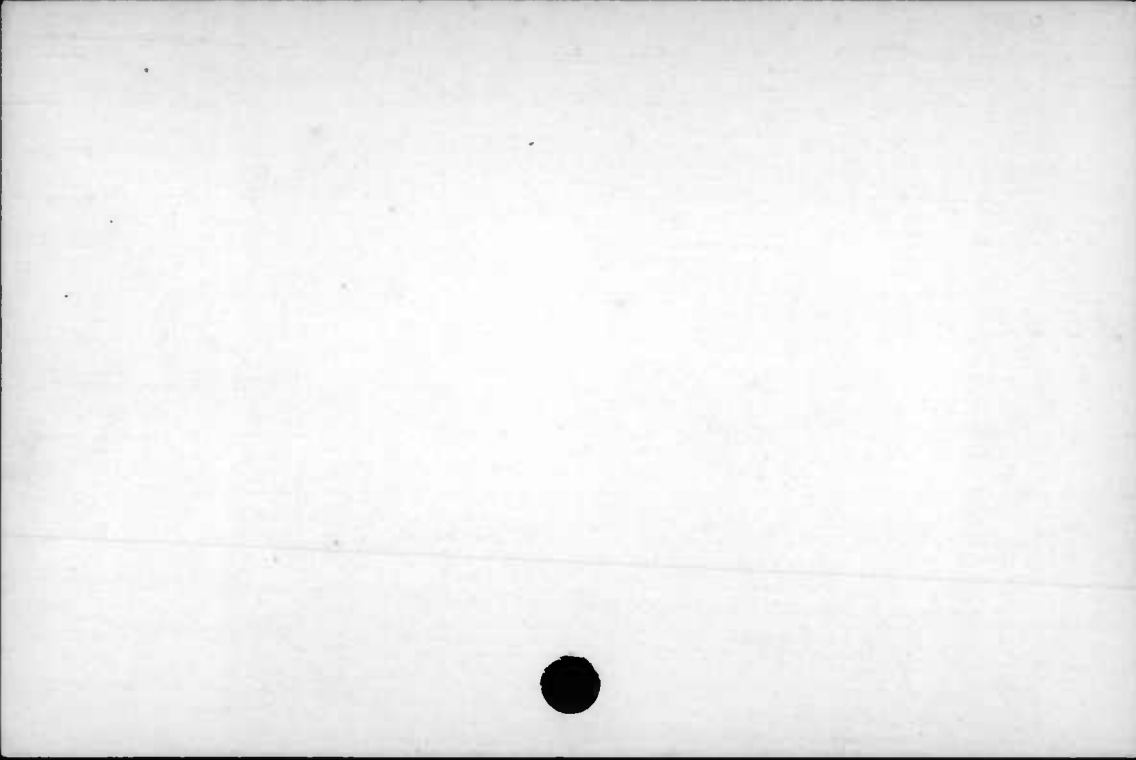
Geo. McHenry

Perryville

Ms

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Edward C. Boston

CERTIFICATE OF DEATH

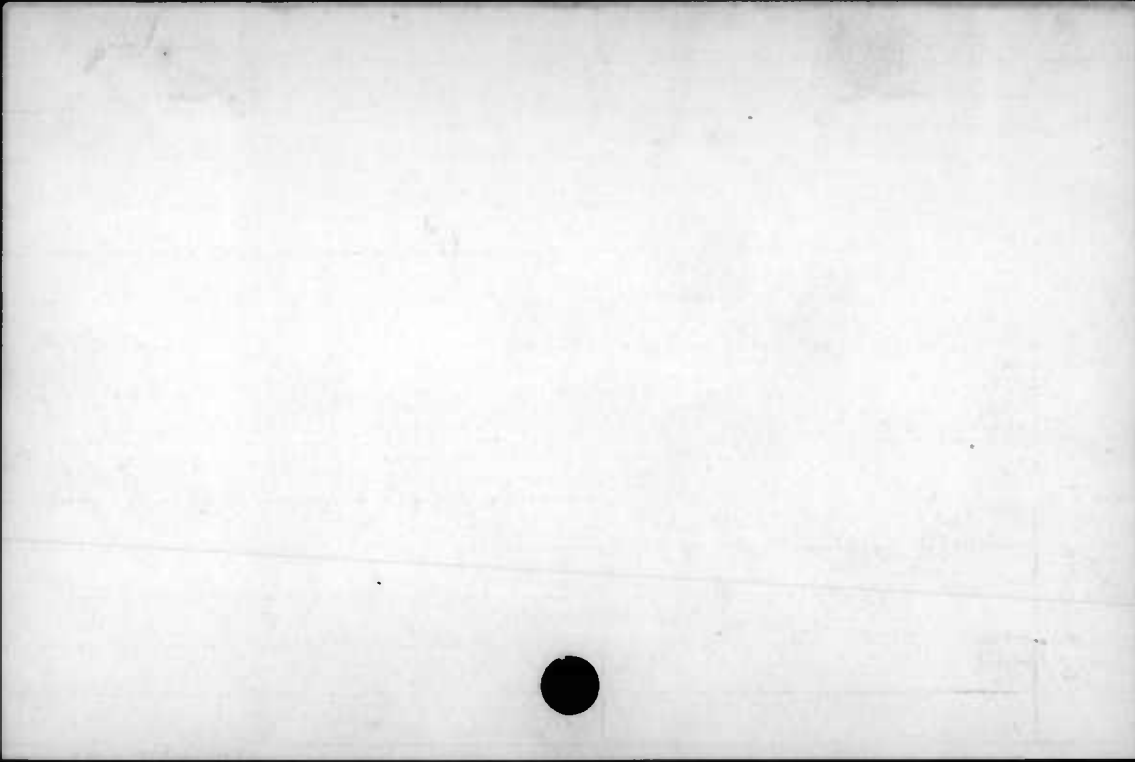
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i> ^{Town}		<i>Hecil</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>5</i>	Day <i>8</i>	Age <i>28</i> ^{Years}	Months <i>+</i>	Days <i>X</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Chestertown</i>		
Married, Single <i>Single</i> or Widowed			Occupation <i>carpenter</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>Robert N. Boston</i>			Father's Birthplace <i>Chestertown</i>		
Mother's Maiden Name <i>Alice Parks</i>			Mother's Birthplace <i>Chestertown</i>		
Name of person giving information <i>J. H. Thompson</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>found him dead</i>	How long <i>18</i> ^{Days}
Immediate <i>Supposed heart dead</i>	How long <i>+</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. E. Harsner</i>
	Address <i>Chesapeake City Md</i>
Accident or Suicide?	



Name
in
Full

Sarah A Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Colora* Town*Beecil* CountyDate
of death *1905*Month
*May*Day
*18th*Years
Age *74*Months
*3*Days
*6*Sex *Female*Color or
Race *white*Birth-
place *Middletown, Pa.*

Occupation

Where Residing if not
at place of death *Colora, Md.*Married, Single
or Widowed *Married*Name of ~~Wife~~
Husband *Street Brown*Father's
Name *Mathias McElwee*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation *Howard M. Brown*How related
to deceased *Son*

CAUSES OF DEATH

Primary

*Influenza & Pneumonia
with pyaemia -
Exhaustion*How long *Some years*

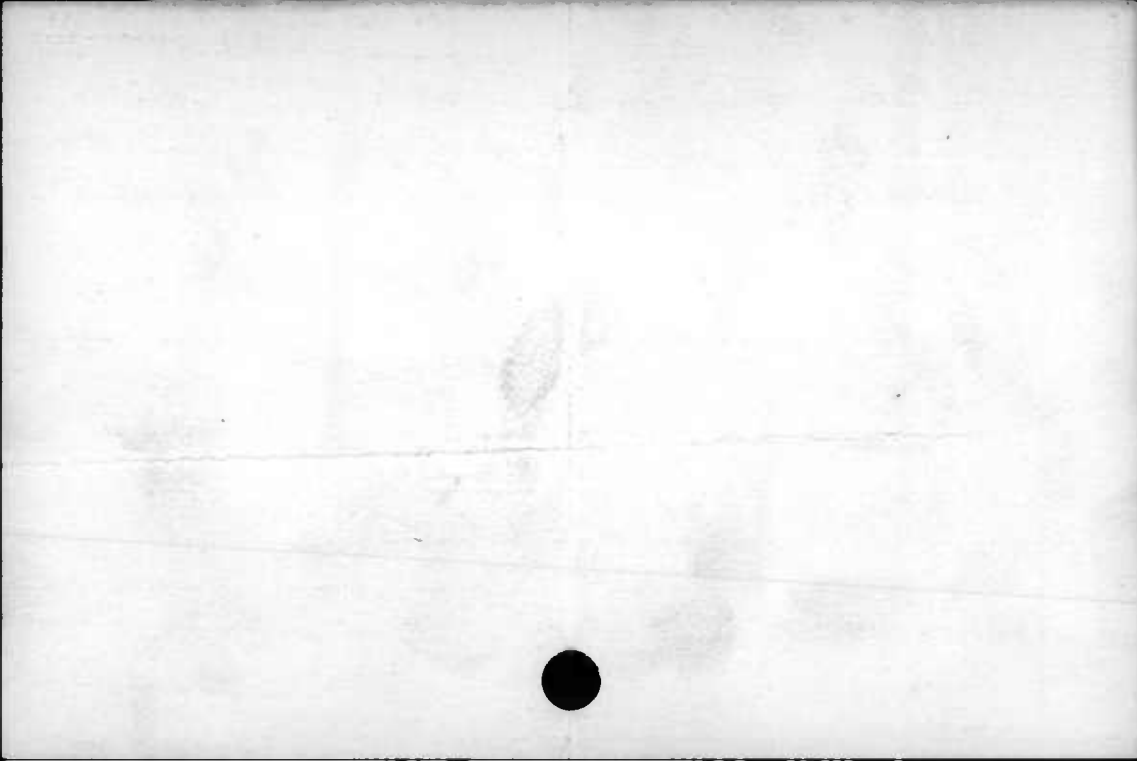
Immediate

How long *7 or 8 months*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Amos J. Jones
Baltimore, Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Burk* Town *Perryville* County *Cecil*

Died at *Perryville*

Date of death *1905* Month *May* Day *9* Age *1* Years Months *2* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Perryville*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *John Burk* Father's Birthplace *Harford Co*

Mother's Maiden Name *Eliza Young* Mother's Birthplace *" "*

Name of person giving information *Eliza Burke* How related to deceased *brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *23* *Weeks*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Geo. McSherry*

Address *Perryville Md.*

Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

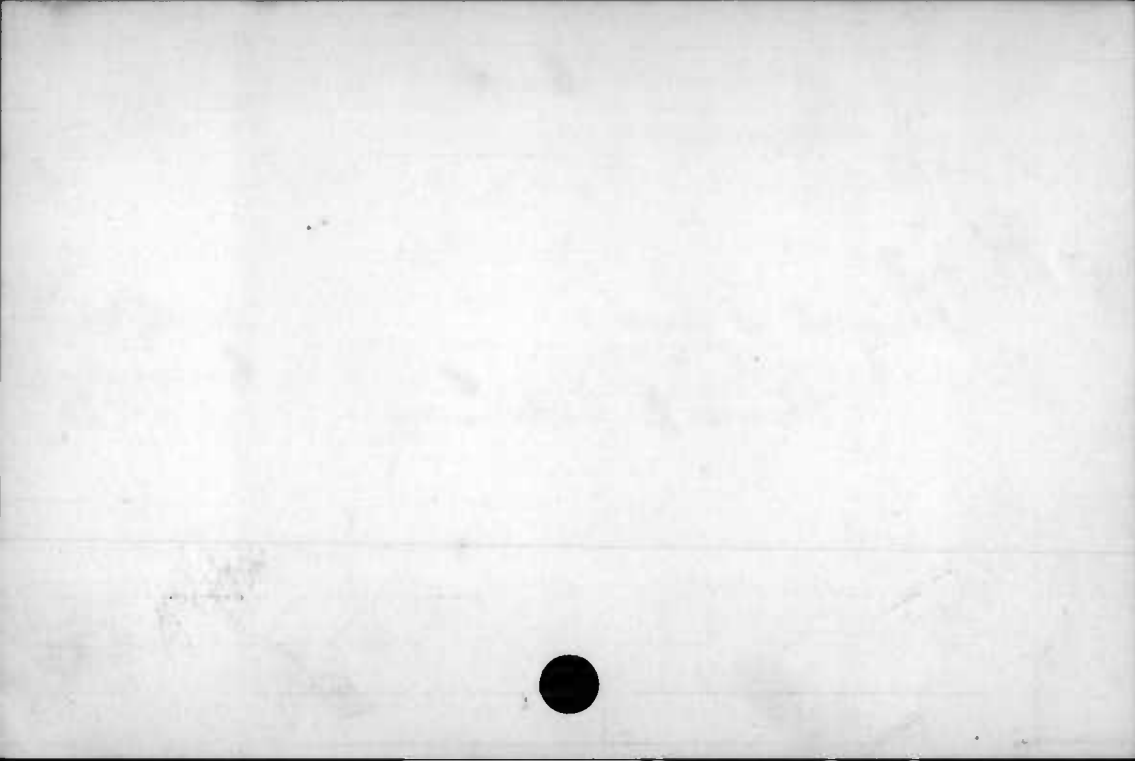
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death 1905		Month 5		Day 8		Years 23		Months V		Days X	
Sex Female		Color or Race white		Birth-place Chesapeake City							
Married, Single or Widowed Married		Occupation House wife									
Name of Wife or Husband Andrew J. Daily											
Father's Name Wm. Groves		Father's Birthplace Maryland									
Mother's Maiden Name Jane Mercer		Mother's Birthplace									
Name of person giving information M. Adelaide Bristol		How related to deceased Daughter									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Aphoplexy		How long 3 days	
Immediate Paralysis of Limbs		How long X	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. B. Harner M.D.	
		Address Chesapeake City, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Elk* Town *Gardy* *Secb* County *Bo*Date of death *1905 May Sunday* Age *1 Year* Months *10* Days *days*Sex *Female* Color or Race *White* Birth-place *Trainers Pt*

Occupation _____ Where Residing if not at place of death _____

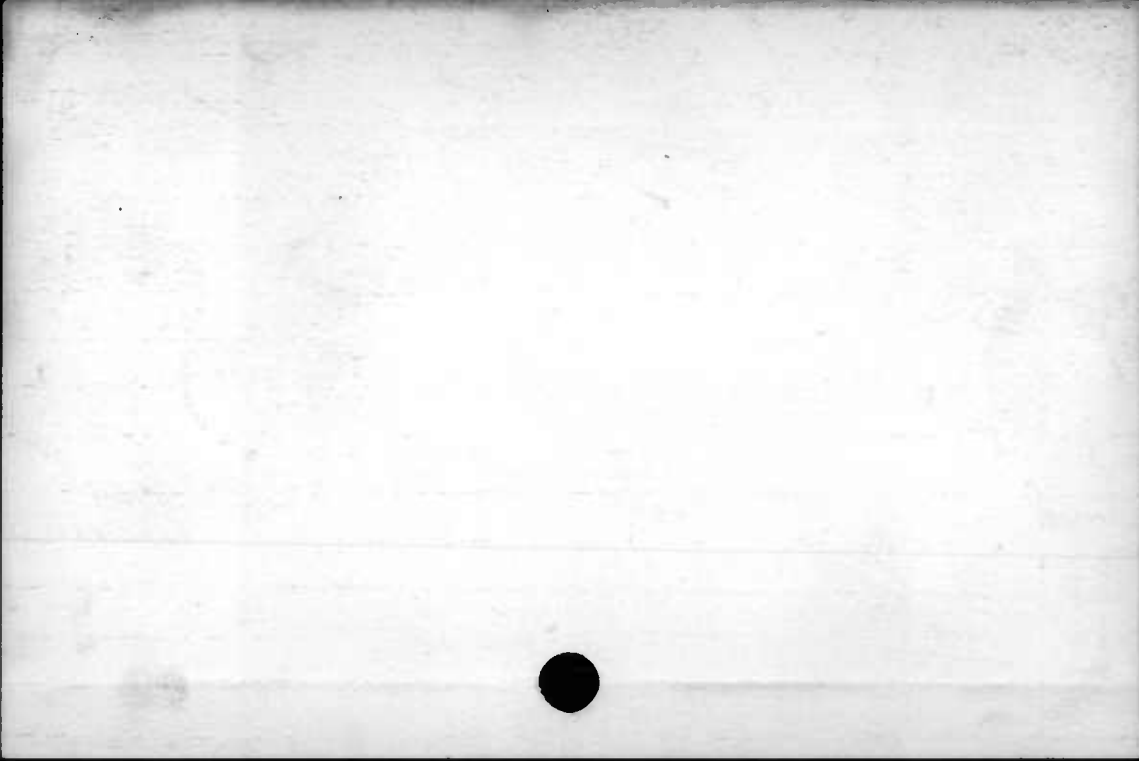
Married, Single or Widowed *S.* Name of Wife or Husband _____Father's Name *Grant Gardy* Father's Birthplace *North East*Mother's Maiden Name *Annie E Gardy* Mother's Birthplace *Bonschoycken*Name of person giving information *Thomas D O'Rourke* How related to deceased *uncle*

CAUSES OF DEATH

Primary *Pneumonia* How long *4 months*
Immediate *Inanition* How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *St. Brown*Address *North East.*Accident or Suicide? *(A)*



Name
in
Full

George W. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cecil

County Cecil

Date of death 1905 May 10, Age 62 Years 5 Months 10 Days

Sex Male Color or Race Negro Birth-place Cecil Co., Md.

Occupation Laborer Where Residing if not at place of death Cecil

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Ben. F. Green Father's Birthplace Cecil Co. 2d.

Mother's Maiden Name Recinda Clarkson Mother's Birthplace Cecil Co. 3d.

Name of person giving information Ben. F. Green How related to deceased Brother

CAUSES OF DEATH

Primary Cancer of Stomach How long 11 months About 8 months

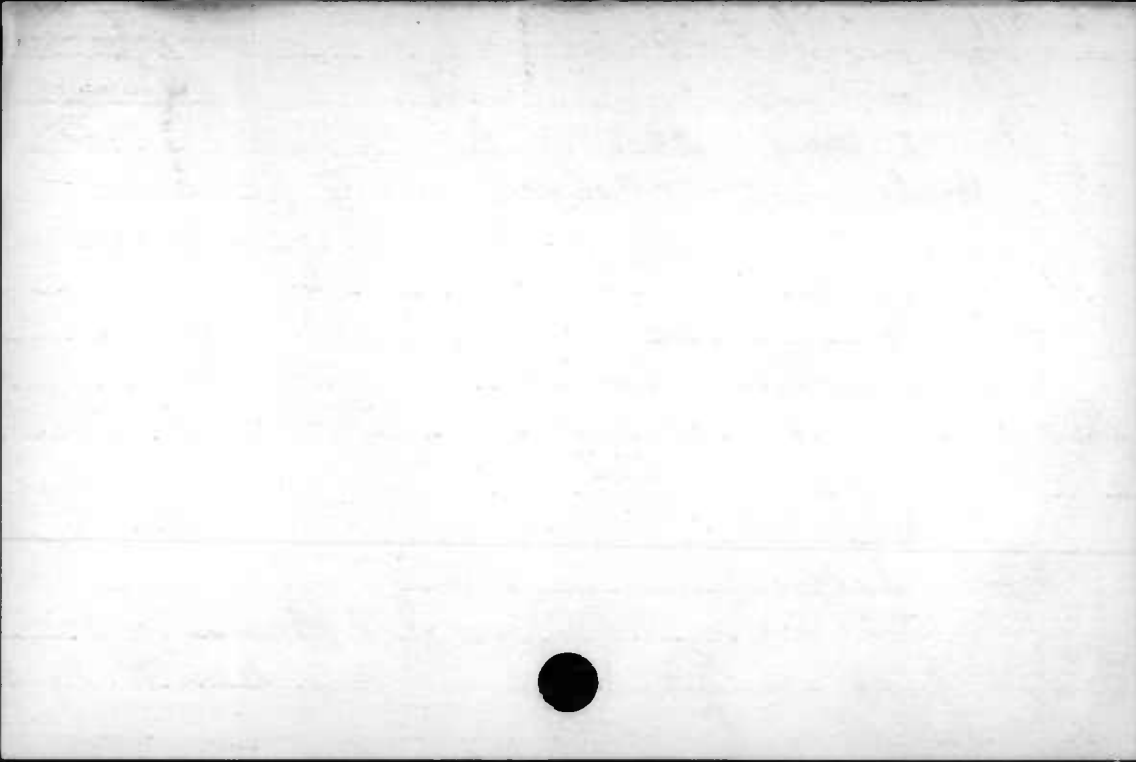
Immediate 3 months

Are the name, age, sex, color, date and place correctly given above? Think so

Signature of Physician E. N. Crawford

Address Cecil Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coxbury</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1905- <i>May</i> Month	<i>27</i> Day	Age <i>2</i> Years	<i>2</i> Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Cecil Co</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Hannibal Hall</i>			Father's Birthplace <i>Cecil Co</i>		
Mother's Maiden Name <i>Esther Clark</i>			Mother's Birthplace " "		
Name of person giving information <i>Hannibal Hall</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Membranous Oropharynx</i>	How long	<i>3 days</i>
Immediate	<i>Suffocation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. F. Brown M.D.</i>	
<i>Yes.</i>		Address <i>Port Deposit Md</i>	
Accident or Suicide?			



Name
in
Full

James Johns

CERTIFICATE OF DEATH

Died at *Near Sassafras* Town~~West~~ Cecil County

MARYLAND

Date of death 1905 Month May Day 24 Age 44 Years 4 Months 0 Days

Sex Male Color or Race White American Birth-place Near Sassafras Md

Occupation Farmer Where Residing if not at place of death Near Sassafras Md

Married, Single or Widowed Name of Wife or Husband

Father's Name Arthur Johns Father's Birthplace Near Sassafras

Mother's Maiden Name Caroline Clayton Mother's Birthplace Bohemia Manor

Name of person giving information Hampton Johns How related to deceased Brother

CAUSES OF DEATH

Primary General Debility How long 3 years

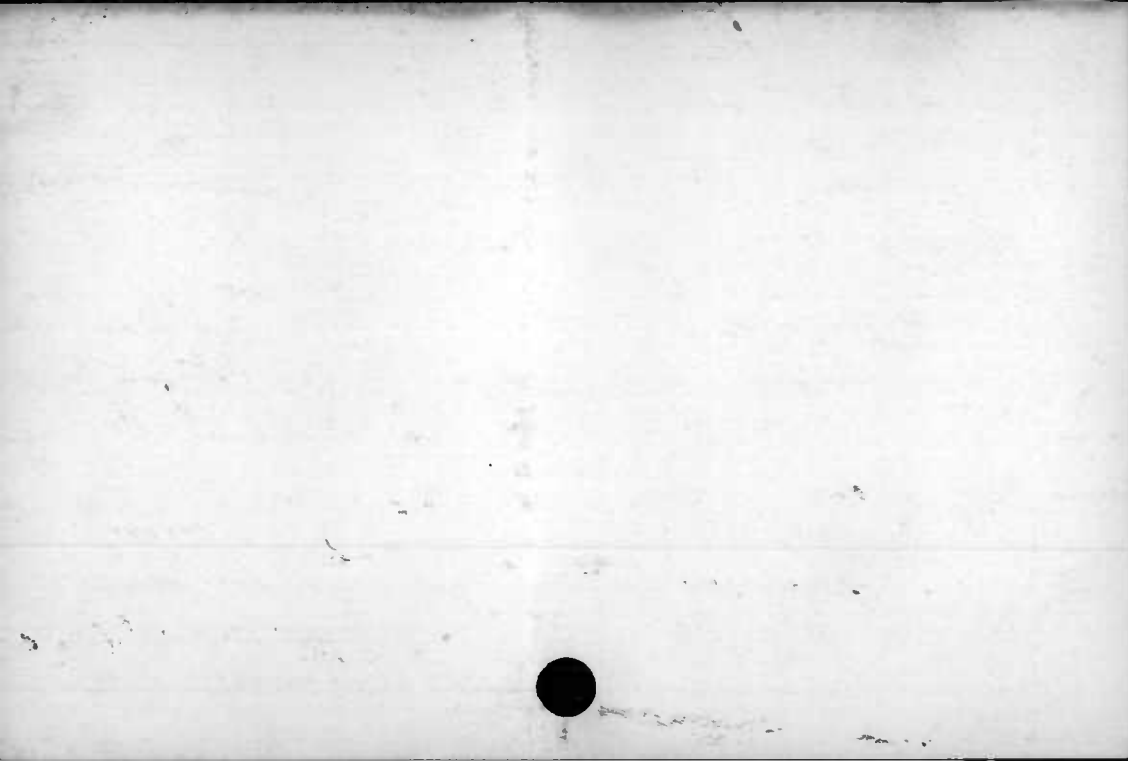
Immediate Neuralgia of Heart How long Very suddenly

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician J J Wright MD

Address Warrenton Md

Accident or Suicide? No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Paul King				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Elkton Town		County		Cecile	
	Date of death		1905	May	Day	20	Age	4
	Sex		Male		Color or Race		White	
	Occupation				Birth-place		Elkton Md.	
	Married, Single or Widowed				Where Residing if not at place of death			
	Father's Name		Samuel H. King		Father's Birthplace		Elkton Md.	
	Mother's Maiden Name		Margaret McCafferty		Mother's Birthplace		Cecile Co. Md.	
Name of person giving information		Samuel H. King		How related to deceased		Father		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Diphtheria		How long		4 days	
	Immediate		Toxaemia + Heart Failure		How long		3 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Howard Bratton	
					Address		Elkton Md.	
	Accident or Suicide?							



Name
in
Full

Anna M Lindsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Elkton^{County} Cecil

MARYLAND

Date of death 1905 ^{Month} 5 ^{Day} 11Age ^{Years} 83

Months

Days

Sex *Female*Color or Race *White*Birth-place *Del*

Occupation

Where Residing if not at place of death

☒ Married, Single or Widowed

Name of Wife or Husband

Father's Name *James Jones*Father's Birthplace *Del*Mother's Maiden Name *Mrs. Rodgers*Mother's Birthplace *Del*Name of person giving information *Laura Wilson*How related to deceased *Daughter*

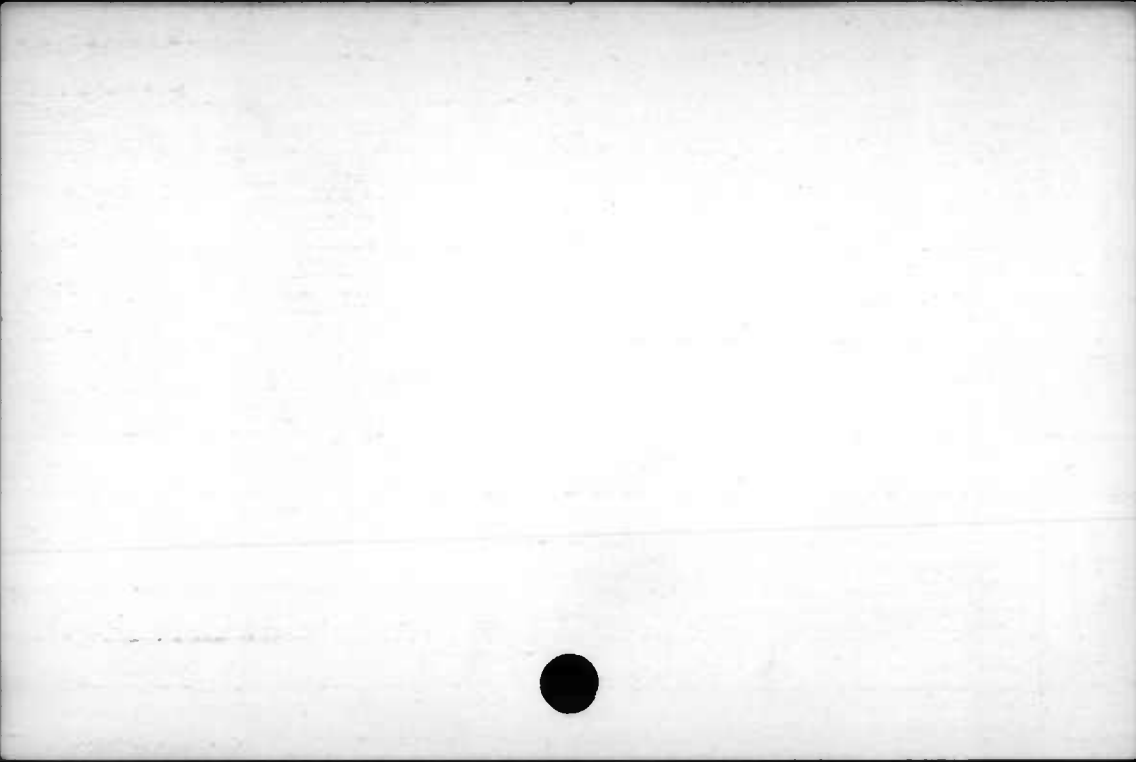
CAUSES OF DEATH

Primary *Apoplexy*How long *2 hrs*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *H. Arthur M. M. M.*Address *Elkton Md*☒ Accident or Suicide?PHYSICIAN
OR CORONER



Name in Full		No Name (Still Born)				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Elk 'rock		County Cecil		MARYLAND
	Date of death		1905	Month May	Day 21	Age Years	Months Days
	Sex		Female		Color or Race White		Birth-place
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information		Geo S. Rittenhouse M.D.				How related to deceased Niece	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		S.				How long
	Immediate		Obstructed Labor				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Geo S. Rittenhouse		
	Place		North East		Address md		
	Accident or Suicide?		No				



Name
in
Full

CERTIFICATE OF DEATH

Henry James Lofland

Town

County

MARYLAND

Died at

Liberty Grove

Date

of death

1905 May

Day

18

Age

Years

82

Months

2

Days

26

Sex

male

Color or
Race

white

Birth-
place

Delaware

Occupation

farmer

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Abella M. Patten

Father's
Name

Father's
Birthplace

Del.

Mother's
Maiden Name

Mother's
Birthplace

Del.

Name of person giving
In formation

L. M. Lofland

How related
to deceased

wife

CAUSES OF DEATH

Primary

General Paralysis

How long

one year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

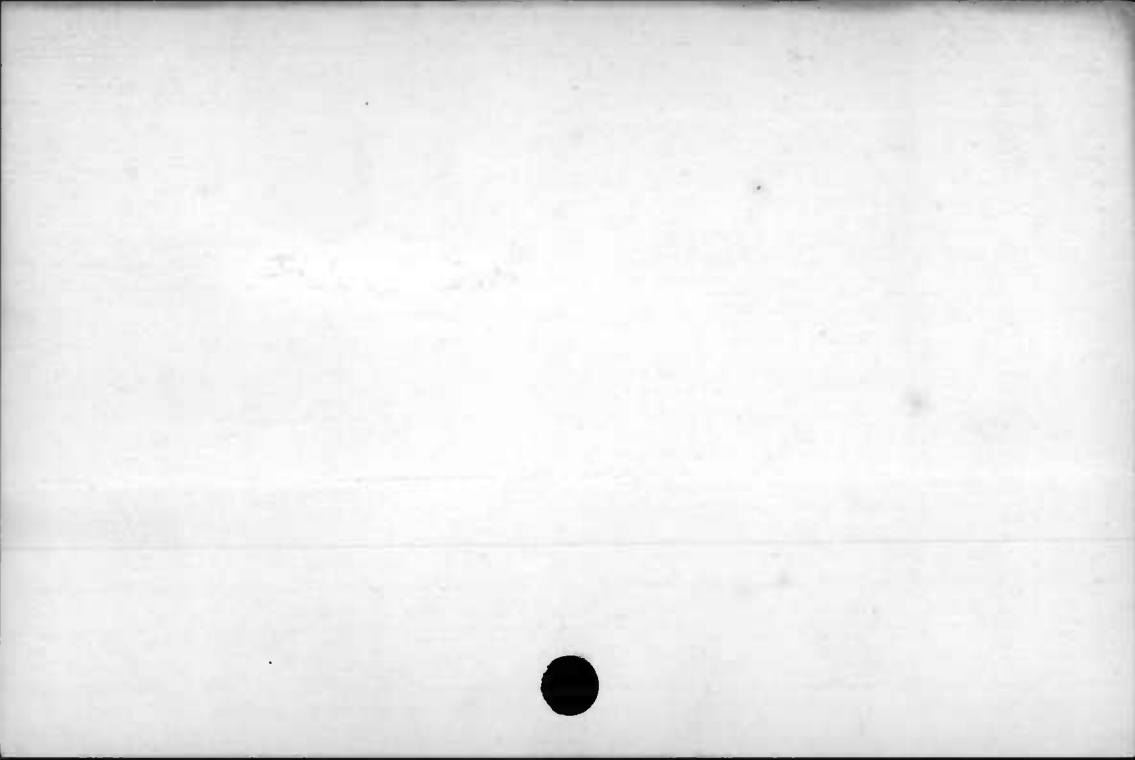
Address

E. Howard
Liberty Grove
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Colona</i> Town		County <i>Miller M. M.</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>5</i>	Day <i>18</i>	Age	Years	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Colona Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>George Miller</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Myrtle Lanier</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute myocardial infarction</i>	How long <i>Some days</i>
Immediate <i>Heart Failure</i>	How long <i>Myocardial</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John B. Jones</i>
	Address <i>Rocking Hill</i>
Accident or Suicide?	

Funeral to Day
the 19 at Hopewell Cemetery
J & B



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Elk Mills</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month	Day	Age		Months	Days
<i>1905</i>		<i>5</i>	<i>19</i>	<i>about 59</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Mary A Carr</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Asthemia</i>	How long	<i>4 months</i>
Immediate	<i>Symptoms</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>O. J. O. Carrico,</i>	
		Address	
		<i>Cherry Hill, Md</i>	
Accident or Suicide?			

125-



Name
in
Full

CERTIFICATE OF DEATH

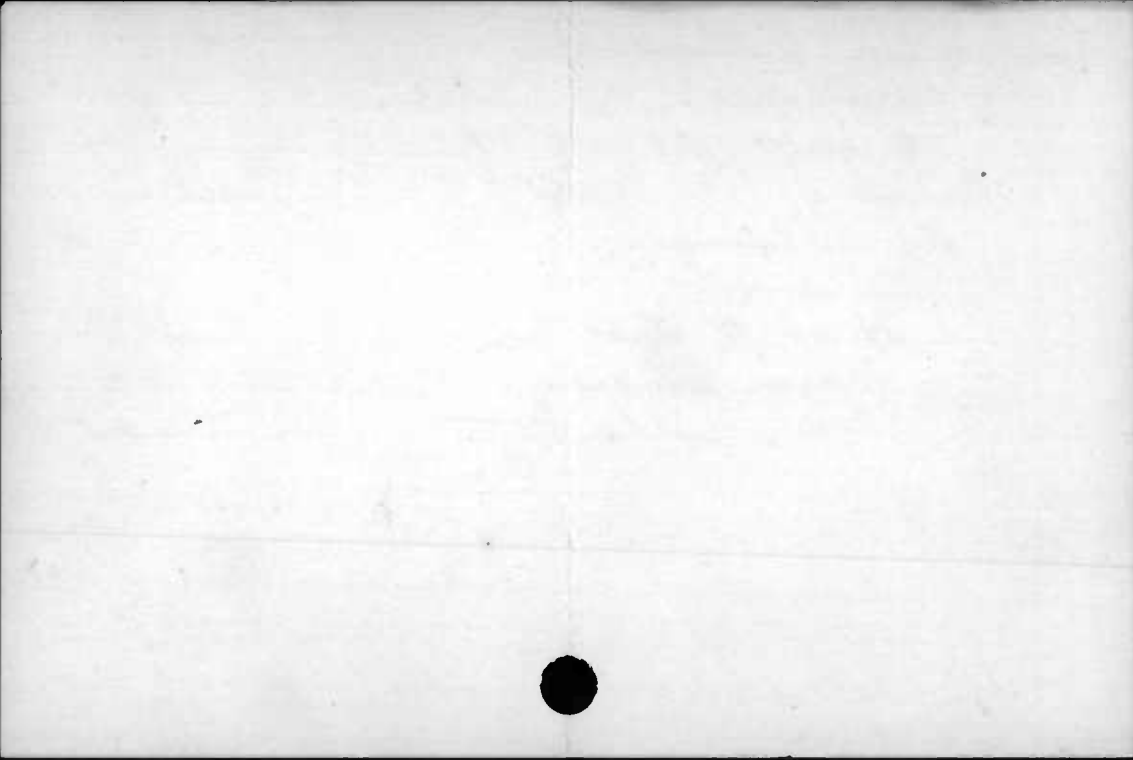
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Theodore</i> Town <i>Cecil</i> County		MARYLAND			
Date of death <i>1905</i>	Month <i>May</i>	Day <i>6</i>	Age <i>2</i> Years	Months <i>9</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Washington D C</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>George Night</i>		Father's Birthplace <i>Cecil Co</i>			
Mother's Maiden Name <i>Lizzie Carter</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Geo Night</i>		How related to deceased <i>" "</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Spasms</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. H. Gifford</i>
<i>Yes</i>	Address <i>Zions Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Elizabeth Pass*
Died *Near Lewisville* Town *Pat* County *Cecil*

Date of death *1905* Month *5* Day *13* Age *84* Years Months *6* Days *5*

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation _____ Where Residing if not at place of death *Near Lewisville*

Married, Single or Widowed *Widow* Name of Wife or Husband *Thomas Pass*

Father's Name *John McDonald* Father's Birthplace _____

Mother's Maiden Name *Elizabeth Barton* Mother's Birthplace *Ind.*

Name of person giving information *Emma Howell* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

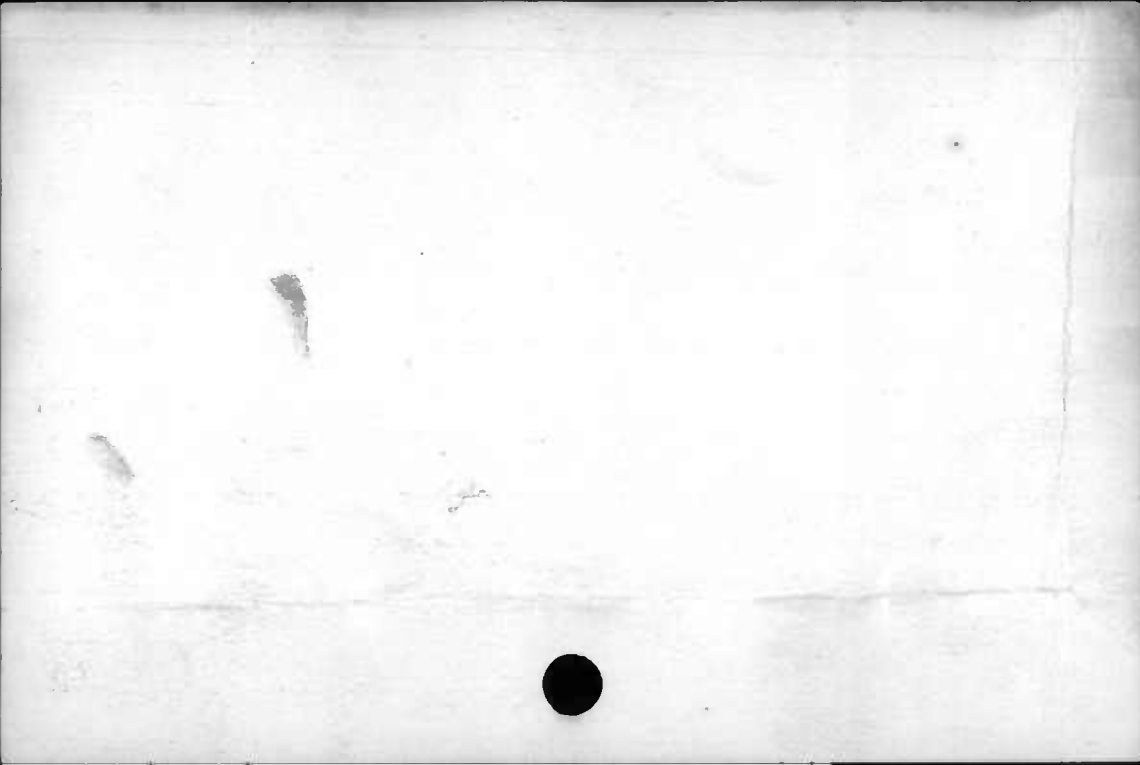
Primary *General Senility* How long *2 yrs*

Immediate *General Senility* How long *2 yrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *David Mackey*

Address *Lewisville*

Accident or Suicide? _____



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lydia L Smeltzer</i>		Town <i>Blythdale</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Blythdale</i>		Month <i>May</i>		Day <i>20</i>		Years <i>77</i>	
Date of death <i>1908</i>		Months <i>2</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>			
Occupation <i>Housekeeping</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>Haslett Logan</i>		Father's Birthplace <i>Cecil Co</i>					
Mother's Maiden Name <i>Ann Murphy</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Ammie Smeltzer</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>		How long <i>2 weeks</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. M. Shum</i>	
		Address <i>Princetons</i>	
Accident or Suicide?		<i>M. G.</i>	

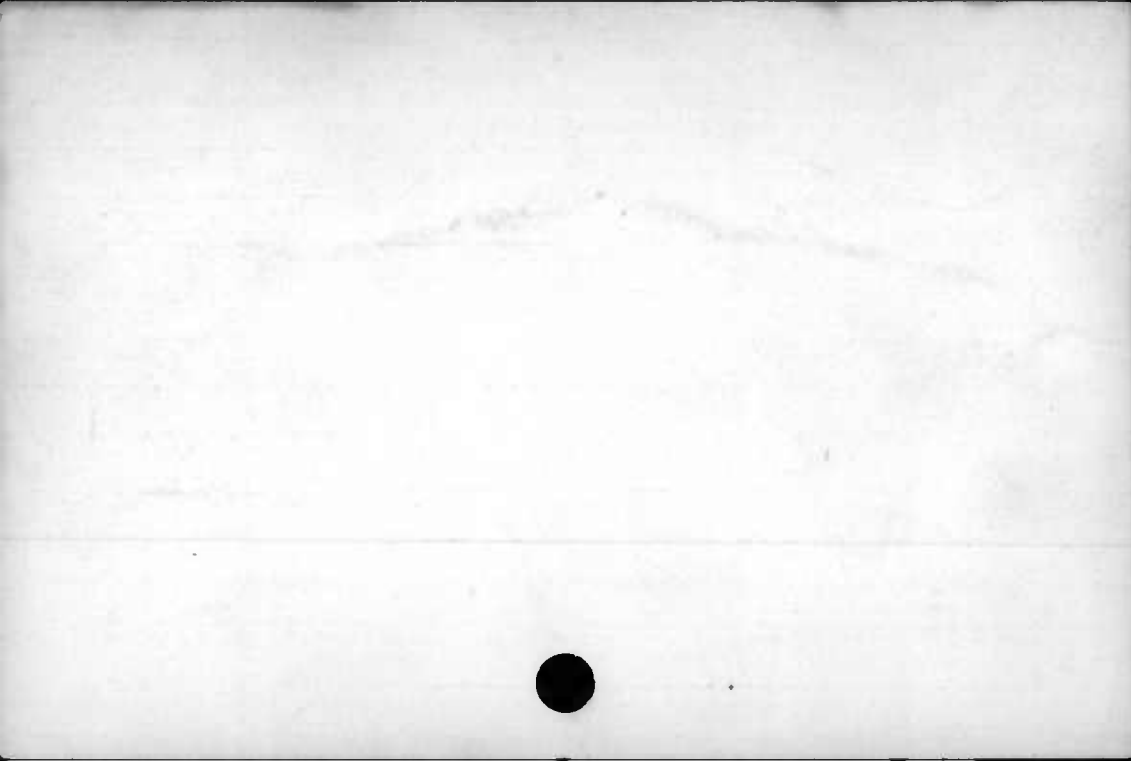


Name in Full		Mary J. Stern		3 Dist		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cherry Hill		County Cecil		
		Date of death		190	5	27	Age	70
		Sex		Female		Color or Race		White
		Occupation		Domestic		Birth-place		Pa
		Where Residing if not at place of death						
		Married, Single or Widowed		Widowed		Name of Wife or Husband		
		Father's Name		John Perry		Father's Birthplace		Pa
Mother's Maiden Name		Jane Gray		Mother's Birthplace		Md		
Name of person giving information		Etta Stern		How related to deceased		Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Tuberculosis		How long		
		Immediate		Exhaustion		5 Months		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		Cherry Hill		Md		
		Accident or Suicide?						

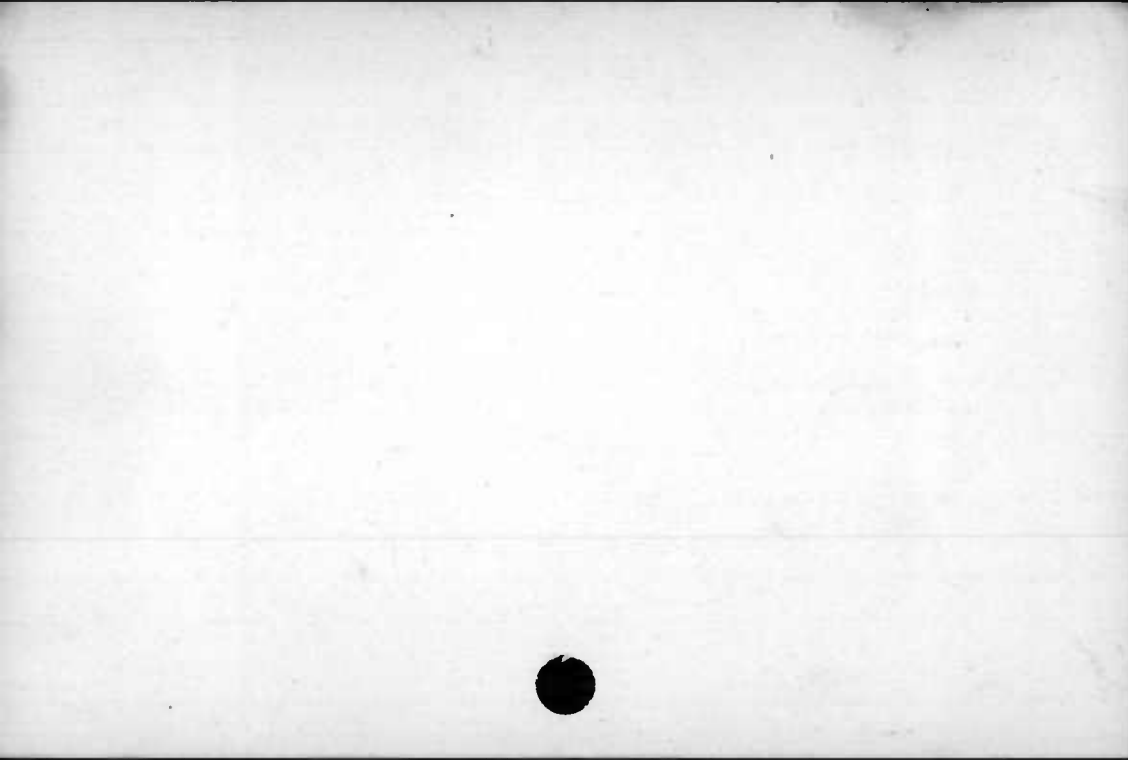
921



Name in Full		Frank Roy Verrill				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Port Deposit		County Cecil		MARYLAND	
	Date of death	1905	Month May	Day 20	Years 18	Months 4	Days 7
	Sex	Male		Color or Race	White		
	Occupation	School boy			Where Residing if not at place of death	Port Deposit Md	
	Married, Single or Widowed	Single		Name of Wife or Husband	—		
	Father's Name	Frank A. Verrill M.D.				Father's Birthplace	Biddeford Me.
PHYSICIAN OR CORONER	Mother's Maiden Name	Lulu M. Ricker				Mother's Birthplace	Biddeford Me.
	Name of person giving information	A.W. Harris				How related to deceased	Not at all
	<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>						
	Primary	Typhoid Fever				How long	18 days
Immediate	Typhoid Fever complicated by Pleuro-pneumonia				How long	18 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Herbert Lowell Rich, M.D.	
					Address	The Jacob Lome Institute	
					Port Deposit, Md.		
Accident or Suicide?							



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Perryville</i> Town		<i>Cecil</i> County		MARYLAND	
	Date of death	<i>1905</i> Month	<i>20</i> Day	Age Years	Months Days <i>11</i>	
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Perryville</i>		
	Occupation		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband			
	Father's Name <i>Cecil Wardell</i>		Father's Birthplace			
Mother's Maiden Name <i>Maggie Knight-</i>		Mother's Birthplace				
Name of person giving information <i>Maggie Wardell</i>		How related to deceased <i>Mother</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary		<i>Heart disease</i>		How long <i>3 days</i>	
	Immediate				How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. M. Lumsden</i>			
			Address <i>Perryville Md</i>			
Accident or Suicide?						



Name
in
Full

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Elk Mills* Town,

Cecil County

Date of death *1905* Month *May* Day *30*

Age *50 ?* Years

Months Days

Sex *male*

Color or Race *white*

Birth-place

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

Killed By Car *106*

How long

Immediate

on B&O. R.R.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. D. Hawley
Elk Mills
Md.

Accident or Suicide?

Accident-

